BUSINESS DECLARATION

1.	Name of Firm:			Tax Identification No.:	
2.	Address of Firm:				
3.	Telephone Number of Firm:				
4.	a. Name of Person Making E	Declaration			
	b. Telephone Number of Pers	son Making Declaration			
	c. Position Held in the Comp	oany		and the second of	
5.	Controlling Interest in Company ("X" all appropriate boxes)				
	a. Black American	b. Hispanic American	c. Native American	d. Asian American	
	e. Other Minority (Specify)		f. Other (Specify)		
	g. Female h. Male i. 8(a) Certified (Certification letter attached) is Service Disabled Veteran Small Business				
6.	Is the person identified in Number 4 above, responsible for day-to-day management and policy decision making, including but not limited to financial and management decisions? [] a. Yes				
7.	Nature of Business (Specify n	najor services/products (NAIC))	1		
8.	(a) Years the firm has been in business:		(b) No. of Employees	(b) No. of Employees	
9.	Type of Ownership:	a. Sole Ownership	b. Partnership		
	c. Other (Explain)				
10.	Gross receipts of the firm for	the last three years:	a.1. Year Ending:	b.1. Gross Receipts	
	a.2. Year Ending:	b.2. Gross Receipts	a.3. Year Ending:	b.3. Gross Receipts	
11.	Is the firm a small business?	a.	Yes	b. No	
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